



Address: 14 Hay Road, Linden Park SA 5065

Email: oshc.lpps66@schools.sa.edu.au

Phone: 8379 4610

Fax: 8379 2571

Mobile: 0434 609 791

LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC 2017 ENROLMENT

If you have completed a 2015 or 2016 enrolment pack or refresher form, you will need to complete and sign this form only to re-enrol your child(ren) for 2017. If you are unsure about any information you provided in your 2015/2016 pack, please ask an educator to confirm details. Existing families within the service enrolling new children please speak to an educator for additional enrolment papers.

Please note a \$10 annual fee will apply per family each year.

ACCOUNT NAME:

Have you provided OSHC with your child(ren)'s CRN details to claim CCB/CCR?

CHILD'S FIRST/GIVEN NAME:	BIRTH DATE:	CRN:	<input type="text"/>	<input type="checkbox"/>
CHILD'S FIRST/GIVEN NAME:	BIRTH DATE:	CRN:	<input type="text"/>	<input type="checkbox"/>
CHILD'S FIRST/GIVEN NAME:	BIRTH DATE:	CRN:	<input type="text"/>	<input type="checkbox"/>

Have you provided OSHC with your CRN details? Yes No

ACCOUNT HOLDER FULL NAME:	BIRTH DATE:	CRN:	<input type="text"/>	<input type="checkbox"/>
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Please provide your home address:

Have you changed any home/mobile/work contact numbers? Yes No

Please provide details here: _____

Has your child developed any medical conditions (allergies?) Yes No

Please provide details here: _____

Has your child(ren) developed any learning/developmental difficulties? Yes No

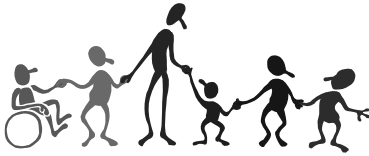
Please provide details here: _____

Are there any changes to your child(ren) dietary requirements? Yes No

Please provide details here: _____

Changes to emergency contacts/people with authority to collect your child(ren) Yes No

Please provide details here: _____



LINDEN PARK PRIMARY SCHOOL COUNCIL
Out of School Hours Care



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Please provide your email address to be added to the mailing list:

Are there any intervention/court orders in relation to your child(ren)?

Yes

No

Please provide details here:

Any information you believe we need to know in relation to your child(ren)?

Yes

No

Please provide details here:

My child(ren)'s immunisations are up to date, if no please provide details:

Please provide any suggestions for the Before/After School Care program or Vacation Care ideas:

Please provide any feedback about the service or the enrolment process below:

I verify that the information provided is true and correct:

Parent/Guardian signature: _____

Date: _____

OFFICE USE ONLY

Date updated on SPIKE: _____

Email sent? _____

Annual fee charged: _____



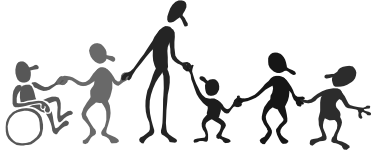
LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC BOOKINGS 2017

ACCOUNT NAME												
BOOKING SCHEDULE 2017 (PLEASE TICK)												
COMMENCEMENT DATE:					END DATE:							
CHILDREN'S DETAILS (CHILD #1)			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
			BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC
CHILD'S NAME:												
CHILD'S DOB:												
CHILD'S YEAR LEVEL:			ROOM NUMBER (IF KNOWN):			PERMANENT/CASUAL BOOKING (PLEASE CIRCLE)						
CHILDREN'S DETAILS (CHILD #2)			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
			BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC
CHILD'S NAME:												
CHILD'S DOB:												
CHILD'S YEAR LEVEL:			ROOM NUMBER (IF KNOWN):			PERMANENT/CASUAL BOOKING (PLEASE CIRCLE)						
CHILDREN'S DETAILS (CHILD #3)			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
			BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC
CHILD'S NAME:												
CHILD'S DOB:												
CHILD'S YEAR LEVEL:			ROOM NUMBER (IF KNOWN):			PERMANENT/CASUAL BOOKING (PLEASE CIRCLE)						
CHILDREN'S DETAILS (CHILD #4)			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
			BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC
CHILD'S NAME:												
CHILD'S DOB:												
CHILD'S YEAR LEVEL:			ROOM NUMBER (IF KNOWN):			PERMANENT/CASUAL BOOKING (PLEASE CIRCLE)						
<p>I/We understand that the hours of operation for Linden Park Primary School Council OSHC are: 7:00 - 8:30AM and 3:10 - 6:30PM. I/We understand that a late fee will apply if my/our child(ren) is not collected before closing time (6:30PM). I/We understand the Cancellation Policy outlined in the Family Handbook, and agree to notify the service of any changes to booking details as soon as possible.</p>												
PARENT/GUARDIAN APPROVAL												
FULL NAME:				SIGNATURE:				DATE:				



LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC HOMEWORK 2017

HOMEWORK ROOM

The Linden Park Primary School Council OSHC recognises the importance of homework. Parents/Guardians can sign the children up to complete their homework whilst at OSHC and the Educator's will encourage and remind the child to visit the homework room. Educators will be there to assist with homework and will aim to provide a quiet environment and supervision. A homework sheet will be completed by the Educator stating what the children have done in the session. Families **must** sign once they have sighted the sheet.

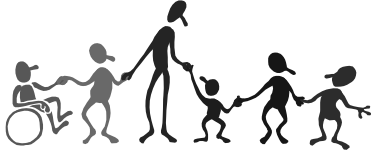
Please tick the days you would like your child(ren) to complete their homework in the homework room

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday
Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday
Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday
Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday

Please note, the homework room will be open from approximately 3:45-5pm each day due to staffing. Children on the list will be called in and made aware that the homework room is open. Educator assistance for homework will only be provided during this time therefore it is the child's responsibility to come into the homework room once called.

PARENT/GUARDIAN APPROVAL

FULL NAME: _____ SIGNATURE: _____ DATE: _____



LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC CONSENTS 2017

ACCOUNT NAME

IN ORDER TO FINALISE YOUR ENROLMENT, YOU ARE REQUIRED TO READ AND RESPOND TO THE CONSENTS BELOW. PLEASE NOTE CONSENT STATEMENTS ARE A COMPULSORY REQUIREMENT OF ENROLMENT. **PLEASE COMPLETE ONE FORM PER FAMILY.**

CONSENTS

I/We understand, acknowledge the following

GENERAL

- Have read the Family Handbook and agree to abide by the service policies, procedures and philosophy of Linden Park Primary School Council OSHC.
- Give consent to the information contained in this document being available to the Educators employed by Linden Park Primary School Council OSHC. I understand this information will be handled strictly in accordance with privacy and confidentiality guidelines and will only be shared as a way of improving the quality of service provided to my/our child.
- That it is my/our responsibility to ensure all information associated with enrolment is current and I/we will notify the service immediately of any changes.
- That my/our child(ren) is required to be signed in and out of care at the service by either a parent/guardian or authorised nominee to ensure all legal obligations are met.
- Must notify the service if a person, who is not on the service's current records as authorised to collect, will be collecting my/our child(ren) from any session of care and that photo ID will be required on collection.
- If my/our child(ren) cannot be signed in or out of care, the parent/guardian or authorised nominee must contact Linden Park Primary School Council OSHC to grant an Educator permission to do so.
- For my/our child(ren) to participate in all activities offered by the service. I will advise the service in writing if I/we do not wish for my/our child(ren) to participate in a particular activity.
- That the service will not accept responsibility for loss or damage to any property/items brought into the service by children or families.

FEES

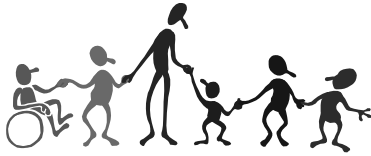
- That it is my/our responsibility to pay for all fees for all days that my/our child(ren) attends the program.
- That OSHC fees are to be paid fortnightly as per the payment of fees policy found in the family handbook.
- Cancellations of After School Care, Before School Care, Pupil Free Days and Vacation Care must be made by Friday, the week before the care is required. Cancellations made after this day will be charged the full fee as per booking and cancellations policy.
- To inform staff of any absence of my/our child(ren) as soon as possible and to pay any fee that may be incurred as a result of not cancelling within the specified timeframes, as set out in the payment of fees and bookings and cancellation's policy.
- That failure to pay fees within prescribed timeframes may result in withdrawal of care until account is paid in full or a payment plan is negotiated as per payment of fees policy.

PARENT/GUARDIAN APPROVAL

FULL NAME:

SIGNATURE:

DATE:



LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC PERMISSIONS 2017

ACCOUNT NAME			
<p>IN ORDER TO FINALISE YOUR ENROLMENT, YOU ARE REQUIRED TO READ AND RESPOND TO THE PERMISSIONS BELOW. PLEASE NOTE THAT THE PERMISSIONS PROVIDE PARENTS/GUARDIANS WITH OPTIONS TO CONSIDER. PLEASE COMPLETE ONE FORM PER FAMILY.</p>			
SUPPORT	YES	NO	I/We give permission for staff to support my/our child(ren)'s learning and development whilst at the service, I/We give permission for the Director or service representative to liaise with school and/or specialist staff/emergency personnel.
	YES	NO	I/We give permission for staff to undertake observations of my/our child(ren) for the purpose of documenting children's learning and program development.
ACTIVITIES	YES	NO	I/We give permission for staff to encourage my/our child(ren) to start their homework while attending OSHC.
	YES	NO	I/We give permission for staff to enable my/our child(ren) to watch PG rated movies, programs and games while at OSHC.
	YES	NO	I/We give permission for my/our child(ren) to participate in face painting activities.
	YES	NO	I/We give permission for Educators to escort my/our child(ren) to extra-curricular activities such as sport training, art lessons at the school grounds including Mariner oval and sign them out of care if necessary.
HEALTH & SAFETY	YES	NO	I/We give permission for staff to apply adhesive bandages e.g. Band-Aids to my/our child(ren).
	YES	NO	I/We give permission for my/our child(ren) to have 30+ sunscreen/insect repellent applied as required.
	YES	NO	I/We give permission for Educator's to provide my child(ren) with toileting assistance if required.
MEDIA	YES	NO	I/We understand that photos, videos and digital images are an integral part of the service's program and that my/our child(ren)'s surname will not be displayed. I/We give permission for photos of my/our child(ren) to be displayed in school newsletters, school website and at the service.
	YES	NO	I/We understand that as part of documenting and sharing children's learning 'Happy snaps' of children are sent to LPOSHC families. I/We give permission for group photos featuring my child(ren)
	YES	NO	I/We give permission for my/our child(ren) to bring a mobile phone to OSHC to be used in case of emergencies. Phones must be used in accordance with the mobile phone policy. Please note that children misusing their mobile phones whilst at the service will have their privilege reviewed.
	YES	NO	I/We give consent to my/our child(ren) using the ICT system at Linden Park Primary School Council OSHC under the conditions detailed in the school's ICT agreement.
<p><i>If there are child protection or custody issues in relation to the display of photos or other media please see staff.</i></p>			
PARENT/GUARDIAN APPROVAL			
FULL NAME:	SIGNATURE:	DATE:	